opplication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

1105-R-00

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR SMALL ENTITY		
TOTAL CLAIMS					(Column 2)		r	RATE	FEE		RATE	FEE
TOTAL CLAIIVIS			77									
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			27_minus 20=		* 2			X\$ 9=		OR	X\$18=	34
INDEPENDENT CLAIMS			minus 3 =		- 4			X40=		OR	X80=	310
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero,					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	10(4
CLAIMS AS AMENDED - PART II								1			OTHER	
		(Column 1)			mn 2) (Colu <u>mn 3)</u>			SMALL ENTITY		OR		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	•••		=	11	X40=		OR	X80=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>J</b>	+135=		OR	+270=	
								TOTAL		OR	TOTAL ADDIT, FEE	
				(Oal)	0\	(Calumn 3)		ADDIT. FEE			ADDII. PEE	
_	1	(Column 1) CLAIMS		HIG	ımn 2) HEST	(Column 3)	'nΓ		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
MEN	Independent	•	Minus	***		=	] [	X40=		OR	X80=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDE				IT CLAIM		┧┟			1		
								+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER (IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	•••		=	┧╏	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	070	<u> </u>
					da - #0# !	aluma 2	į	+135=		OR	+270=	<u> </u>
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	<u></u>
•	PRICE AND MEDICAL AND ADDRESS	lumber Previously Imber Previously P	ひっぱ だって MTL	419 SPACI	F is lass th	ıan 3. enter "3."	•	ADDIT. FEE und in the ap	propriate bo	x in co	olumn 1.	